

TRANSMITTAL FORM (to be used for all correspondence after initial filing) PATENT TRADEMARK OFFICE OCT 31 2006	Application Number	10/716,606
	Filing Date	11/20/2003
	First Named Inventor	HIMI
	Art Unit	2813
	Examiner Name	Thanhha S. PHAM
Total Number of Pages in This Submission	Attorney Docket Number	01-100-DIV

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): RCE transmittal; Notice Regarding Extension of Time Fee Calculation
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, PLC		
Signature	<i>Kerry S. Culpepper</i>		
Printed name	Kerry S. Culpepper		
Date	31 October 2006	Reg. No.	45,672

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature			
Typed or printed name		Date	

FEE TRANSMITTAL



<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27	Application Number	10/716,606
	Filing Date	11/20/2003
	First Named Inventor	HIMI
	Examiner Name	Thanhha S. PHAM
Art Unit		2813
TOTAL AMOUNT OF PAYMENT	(\$)	1120
Attorney Docket No.		01-100-DIV

METHOD OF PAYMENT (check all that apply)

- ☒ Check ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: **50-1147** Deposit Account Name: **Posz Law Group, PLC**
- For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☐ Charge fee(s) indicated below
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	\$
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	160	80	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)
- 20 or HP =	x	=				

HP = highest number of total claims paid for, if greater than 20

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	

HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$ _____ (\$ for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =	(round up to a whole number) x	=	

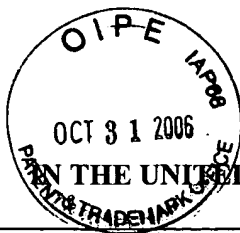
4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: RCE filing fee (\$790) and extension of time fee \$330

SUBMITTED BY

Signature	<i>Kerry S. Culpepper</i>	Registration No. (Attorney/Agent)	45,672	Telephone	(703) 707-9110
Name (Print/Type)	Kerry S. Culpepper	Date	31 October 2006		



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): HIMI et al.

Serial No.: 10/716,606

Filed: 11/20/2003

Title: **METHOD FOR MANUFACTURING
SEMICONDUCTOR SUBSTRATE**

Atty. Dkt.: 01-100-DIV-RCE

Group Art Unit: 2813

Examiner: PHAM, THANHHA S

Commissioner for Patents
Alexandria, VA 22313-1450

Date: October 31, 2006

NOTICE REGARDING EXTENSION OF TIME CALCULATION

Sir:

Please note that the applicant submitted an extension of time request for one month extension of time with the appropriate fee of \$120 on October 2, 2006 when a response to the Office Action mailed on June 2, 2006 was filed. Therefore, concurrently filed Request for Continued Examination is accompanied with a check in the amount of \$1120 with the following calculations: \$790 RCE filing fee and \$330 extension of time fee for two months less the one month fee submitted on October 2, 2006.

It is respectfully requested that any additional fees be charged to Deposit Account 50-1147.

Respectfully submitted,

Kerry S. Culpepper
Reg. No. 45,672

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